

Legislative Youth Advisory Council Application

The Washington State Legislative Youth Advisory Council is a 22-member council of 14-18 year-old students from across the state of Washington. Nominations to the Council are made by legislators and then submitted to the appropriate caucus. The Caucuses then submit the final appointments. One half of the Council (eleven students) is replaced every year. Students then serve for two years.

Meetings are held two to six times per year, usually every other month. So far they have been held either in Olympia or the greater Seattle area, but there may be meetings in other areas in the future. Students are expected to attend every meeting they can and travel expenses are covered. Occasionally meetings are planned during the school week, especially during session; so many students have to take a day off from school. Meetings are usually one day events, but there are occasional overnight meetings.

Outside of meetings, Council members are asked to continue the Council's work by contacting legislators to advise on pending legislation, drafting letters and legislative reports, and reaching out to other youth groups.

Once submitted, please submit this application to your Senator or Representative. If you do not know who represents you in the legislature, you can search using your address at www1.leg.wa.gov.

If you have any questions, please contact the Council by emailing lyac@leg.wa.gov.

Thank you for your interest! We hope to meet you soon!

Sincerely,

Kate Berry
Chair, Washington State Legislative Youth Advisory Council
LYAC@leg.wa.gov

Legislative Youth Advisory Council Application

(Please print)

Full name: Age:

Address:

City: State: **WA** Zip Code:

School: Grade:

School district: Date of Birth: / /

Home phone: () Cell phone: ()

E-mail Address:

Parent/Guardian Name:

Work number: () Home number: ()

Cell number: ()_ Email address:

Please briefly answer the following questions.

Why do you want to be on the Legislative Youth Advisory Council?:

What skills or resources will you bring to the Council?

Please describe any relevant activities and organizations (incl. community service, clubs, etc.):

- 1.
- 2.
- 3.
- 4.
- 5.

What would you change about your community or school if you had the power to do so?

TEACHER RECCOMENDATION FORM:

Name:

School/Organization:

Email address: Phone: ()

Address:

City: State: WA Zip Code:

Relationship to student:

This student is applying to serve on the Washington State Legislative Youth Advisory Council – a 22-member council with the purpose of advising the legislature on issues of importance to youth. Members meet up to six times per year and participate in outreach among the youth community and lobby the legislature. Every student on the Council serves for two years and must be between the ages of 14 and 18.

	Strongly Agree	Agree	Disagree	Strongly Disagreed	N/A or Unknown
Mature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledgeable about & interested in politics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good work ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strong Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dedication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ I recommend this student ☐ I do not recommend this student.

Comments: